

LASER LIGHT SHOW NOTIFICATION
HFZ 312, ROOM 1352
DATE: 06/29/00

F.D.A. Variance # 77P0403

Mr. Manuel Karos
Food and Drug Administration
Center for Devices and Radiological Health
1390 Piccard Drive
Rockville, MD 20857
Tel: (301) 594-4646

Fax: (301) 594-4672

Dear Mr. Karos,

Attached please find a variance application and initial report with 4 copies of each for Déjà vu of Washington Park.

Should you have any questions, please contact me. Thank you

Best Regards,

Christipe Jenkin

Vice Fresident of Operations

15 15

20209 Northeast 15th Ct. • Miami, Florida 33179 • 305.690.6885 • Fax 305.690.6881

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00A1034-10

VAR 1

DEPARATMENT OF HEALTH AND HUMAN SERVICES PUBLIC HEALTH SERVICE FOOD AND DRUG ADMINISTRATION

APPLICATION FOR A VARIANCE FROM 21 CFR 1040.11(c) FOR A LASER LIGHT SHOW, DISPLAY, OR DEVICE

| I career | 4150 | west | MAIII 14 | <u>, 1</u> 5 | |
|----------|------|--------|----------|--------------|------|
| Lynca | | | Lugari | 34 | 4441 |
| | | 11 111 | _ | | |

DOCKET NUMBER

| | | OR DEVICE | | | |
|--|--|--|--|-------------------------------------|--|
| NOTE: No laser light show, projection system, o application in accordance with 21 CFR 10 | r device may vary from e 010.4. | compliance with 21 CFR 10 | 040 11(c) in design | or use without the approval of this | |
| | | RUCTIONS | | | |
| t. Check all applicable boses and type or print the | | | to the Dischers Man | agement Branch (HFA-305), Food and | |
| miormation Drug Administration, Room 4-62, 56(K) Fishers Lane, Rockville, ND | | | | | |
| 2. Submit an original and tour (4) copies | | 4 Enter Document Num | pousiere it tou | | |
| 1 NAME OF COMPANY | | | | | |
| Deja Vu of Washington 2. ADDRESS OF COMPANY (Internal Property) (Internal | Park A is used include wind steps in | hby coalse) | | | |
| 5420 Bunkum Rd. Washin | aton Dark T | T. 62204 | | | |
| 3. NAME AND TITLE OF RESPONSIBLE PERSON | | LEPRONE NO (Incheste specialists) | 1 | 5. DATE OF SUBMISSION | |
| Larry Troesch | 18-874-9334 | • | 3. DATE OF ACOMICSION | | |
| 6 The applicant requests the valuence to be in effect for all (in general, the Term's will approve a sufficient for soils from a | period of years from t | no date of 12508 | | | |
| 7 | | | in four ter int (departmen | ") | |
| | | SCRIPTION AND USE | | | |
| a list name and/or model number(s) for the La | ISER LIGHT SHOW(S) AND PR | ROJECTOR(S) | | | |
| Laserxpress | | | | | |
| D PRODUCT FOR WHICH A VARIANCE IS REQUESTED | | I. PRODUCT IS INTENDE | D TO BE USED AT A | NY ONE LOCATION | |
| A LASER DISPLAY DEVICE | | MORE THAN 15 DAYS | | | |
| A PROJECTOR FOR A LATER LICHT SHOW | | ☐ MORE THAN 5 B | UT NOT MORE THAN | 15 DAYSON | |
| A LASER LIGHT SHOW | | LESS THAN 5 DA | LESS THAN 5 DAYS | | |
| OTHER (Special) | | İ | | 9 | |
| C PROJECTORS ARE INTENDED FOR SALE LEAS | C 00 . 0 | g. TOUR IS INTENDED TO | 7 RUN FOR | | |
| c D PROJECTORS ARE INTENDED FOR SALE LEAS LASER LIGHT SHOW PRODUCERS | E. OR LOAN TO OTHER | MORE THAN 6 M | IONTHS | | |
| | | T 16 MONTHS | 1 16 MONTHS | | |
| a PRODUCT IS INTENDED FOR USE IN A | LESS THAN I MO | הזאכ | | | |
| PLANETARIUM OR OTHER DOME PROJECTION | STRUCTURE | NOT APPLICABL | E (mn a nac) | 吕 | |
| LI THEATER | | OTHER (Specifi) | | | |
| HOTELIMOTEL BALLROOM OR MEETING ROOM | | | | 2 | |
| STORE DISPLAYS | | 1 = | n PRODUCT UTILIZES THE FOLLOWING LASER EFFECTS | | |
| TRADE SHOW OR CONVENTION | | FRONT SCREEN PROJECTIONS | | | |
| DISCOTHEQUE OR NIGHT CLUB | | | | | |
| PAVILION | | | | | |
| U INDOOR ARENA | MULTIPLE REFLECTION/DIFFRACTION EFFECTS UT | | | | |
| U OUTDOOR ARENA | | 600 | AUDIENCE SCANNING (1/50 and bulk a sequence outs accounted automated led afters) | | |
| MUSEUM | | REFLECTIONS FROM STATIONARY MIRRORS OR MIRRORED SURFACES | | | |
| U OUTDOOR UNENCLOSED AREA | | 1000 | (Benefit Maries) | | |
| OTHER (Space(1)) | | | | | |
| e PRODUCT IS INTENDED TO BE USED | 1 === | SCANNING IRRADIATION OF ROTATING MIRROR BALLS, ETC | | | |
| AT ONLY ONE USED LOCATION | | | | | |
| AT A VARIETY OF (Hear) LOCATIONS | | TO SAMPLE OF CLUENT SCHILLE TRUNKE CHICAL ELLES | | | |
| OTHER (MASSIS) | | LJ OTHER (VALUE) | | | |
| | | | | | |
| 8. | | IATION LEVELS | | | |
| LASER MEDIUM (A. 16-10) | WAVE LE | NGTHS (nm) | | PEAR POWER I II III V | |
| DPSS | 532 | | 50 m | Watts | |
| | 1 332 | | | Wates | |
| | | | 1 | | |
| | | | | | |
| | | | | | |
| 9 IF ANY LASER RADIATION IS PULSED OR SCANNED GIV | E THE PULSE DURATION AN | D RATE AND SCANNING FREQI | DENCY AND AMPLIT | UDE | |
| | | | | | |
| Scanning Frequency 0-3 | 5K, Scanning | amplitude 0- | 45K | | |
| 10 REASON FOR REQUESTING VARIANCE | | | | | |
| COMPLIANCE WITH THE LIMITS OF 21 CFR 1040 110 | (c) WOULD RESTRICT THE IN | TENDED USE OF THE PRODUCT | T BECAUSE COMPLIA | ANCE WOULD SIMIT THE OUTPUT | |
| POWER TO THE EXTENT THAT THE DESIRED EFFEC | CTS WOULD NOT BE SUFFICE | ENTLY VISIBLE | The same desired with | | |
| OTHER OR ADDITIONAL EXPLANATION (VALUE) | | | | | |
| | | | | | |
| • | • | | | | |
| • | | | | 4 | |

OPERATION AND WHICH EXPLAIN THE RESPONSIBILITY OF THE RECIPIENT AS AN INDEPENDENT LIGHT SHOW MANUFACTURER TO Submit the required reports and apply for and obtain a variance from CDRH prior to introduction into commerce of ANY LASER LIGHT SHOWS

🗖 THE REQUIREMENTS OF 21 CFR 1002.30(8X1) AND (2) WILL BE ACCOMPLISHED THROUGH THE USE OF WRITTEN PROCEDURES FOR SETUP. ALIGNMENT TESTING, AND PERFORMANCE OF EACH SHOW, THESE PROCEDURES WILL BE IN SUFFICIENT DETAIL TO ENSURE COM-PLIANCE WITH 21 CFR 1040 10, THE CONDITIONS OF THIS VARIANCE, AND THE CONTROL OF ACCESS TO RADIATION AREAS USING THE PROCEDURES DESCRIBED IN THE ANSI Z136 1 STANDARD FOR THE SAFE USE OF LASERS (AMERICAN NATIONAL STANDARDS INSTITUTE, 1430 BROADWAY, NEW YORK, NY 10018) OR ANY OTHER EQUIVALENT USER CONSENSUS STANDARD AND, WHERE APPLICABLE, STATE OR LOCAL REQUIREMENTS, LASER RADIATION AREAS WHICH CAN CONTAIN RADIATION LEVELS ABOVE THE LIMITS SPECIFIED IN 21 CFR 1040 TI(c), WILL BE CLEARLY IDENTIFIED BY THE POSTING OF WARNING SIGNS AND/OR RESTRICTING ACCESS THROUGH PHYSICAL MEANS (SUCH AS PRESSURE SWITCHES, PHOTOCELLS, BARRIERS, GUARDS, ETC.). THESE REQUIREMENTS APPLY TO TEMPORARY AREAS (SUCH AS DURING SET-UP AND ALIGNMENT PROCEDURES) AND TO FINAL OR PERMANENT AREAS. THE VARIANCE HOLDER WILL RETAIN THE RECORDS OF THESE PROCEDURES AND THE RESULTS OF ALL TESTS AS REQUIRED BY 21 CFR 1002.31. A COPY OF THE VARIANCE APPLICATION, THE APPROVAL LETTER, CURRENT PROCEDURES, AND RECORDS RELATING TO EACH PARTICULAR SHOW WILL BE WITH THE OPERATOR OR OTHER RESPONSIBLE INDIVIDUAL AND WILL BE MADE AVAILABLE FOR INSPECTION BY FDA AND OTHER RESPONSI-BLE AUTHORITIES.

Oct-20-00 07:57 From-

PROPOSED EFFECTS INCLUDING A STATEMENT OF THE MAXIMUM POWER OUTPUT INTENDED. SUCH NOTIFICATIONS WILL BE MADE, BUT NOT NECESSABILY BE LIMITED, TO

- (1) THE CENTER FOR DEVICES AND RADIOLOGICAL HEALTH, OFFICE OF COMPLIANCE (HFZ-312), 8757 GEORGIA AVE, SILVER SPRING, MD 20910, PROVIDING THE INITIAL AND CLOSING DATES FOR FIXED INSTALLATIONS AND THE ITINERARY FOR MOBILE SHOWS. IN ADDITION, UNLESS ALL ASPECTS OF EACH SHOW HAVE BEEN REPORTED AND THE ACCESSION NUMBERS CLEARLY REFERENCED, EACH NOTICE WILL INCLUDE DETAILED DESCRIPTIONS OF EACH SHOW AND A LISTING OF ALL EFFECTS TO BE PERFORMED IN SUFFICIENT DETAIL TO CONFIRM COMPLIANCE WITH THE REGULATIONS AND THIS VARIANCE
- (2) The Federal aviation administration (Far) for any projections into open airspace at any time (i.e., including set-up, alignment, rehearsals, performances, etc.). If the far objects to any laser effects, the objections will be resolved and any conditions requested by far will be adhered to if these conditions can not be met, the objectionable effects will be deleyed from the show.
- (3) State and local radiation control offices/agencies for all shows to be performed within their jurisdictions, all requirements of state and local law will be satisfied and any objections raised by local authorities will be resolved or the effects deleted (Lists of Federal and State Offices are available from the center for devices and radiological health upon request.)

| 14. | REMARKS |
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| 17. | コアロンロコレン |

CERTIFICATION

I CERTIFY that all of the above information and statements are true, complete, and correct to the best of my knowledge and acknowledge that my variance application may be denied or my variance may be revoked if this application is found to be false, misleading, or incorrect in any material way I have submitted and will submit all reports required by 21 CFR 1002-10 and 1002-12 on the laser equipment and show(s). I further understand that I may be required by regulation or by the Director, Center for Devices and Radiological Hesith, to supply such other information as may be necessary to evaluate and act on this application.

Jarry Trouses

16. NAME (Type or Print)

Larry Troesch

17. TITLE

Laser Safety Officer